

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Adrienne Regina Jackson

12 CIV. 0654

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Barbara Hanson-Principle

Elissa O'Brien-Assst Principle

**COMPLAINT  
FOR EMPLOYMENT  
DISCRIMINATION**

Jury Trial: ☐ Yes ☒ No

(check one)

(In the space above enter the full name(s) of the defendant(s).  
If you cannot fit the names of all of the defendants in the space  
provided, please write "see attached" in the space above and  
attach an additional sheet of paper with the full list of names.  
Typically, the company or organization named in your charge  
to the Equal Employment Opportunity Commission should be  
named as a defendant. Addresses should not be included here.)

This action is brought for discrimination in employment pursuant to: (check only those that apply)

☒

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

☐

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

*NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.*

☐

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

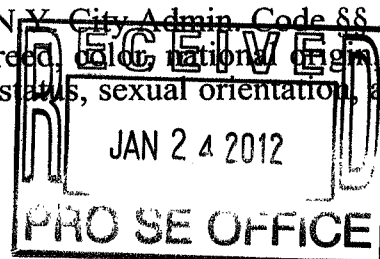
*NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

☐

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

☐

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).



**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Adrienne Regina Jackson  
 Street Address 1677 Lafayette Ave apt B  
 County, City Bronx New York City  
 State & Zip Code NY 10473  
 Telephone Number 718-991-6061

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name Barbara Hanson Principle / Elissa O'Brien Asst. Principle  
 Street Address P1003042750 Lafayette Ave  
 County, City Bronx New York City  
 State & Zip Code New York 10465  
 Telephone Number 718-828-4022

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer Board of Education P10x015.162  
 Street Address 1000 St. Ann's Ave  
 County, City Bronx New York City  
 State & Zip Code New York 10455  
 Telephone Number 718-292-2145

**II. Statement of Claim:**

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

<input type="checkbox"/>	Failure to hire me.
<input checked="" type="checkbox"/>	Termination of my employment.
<input type="checkbox"/>	Failure to promote me.
<input type="checkbox"/>	Failure to accommodate my disability.
<input type="checkbox"/>	Unequal terms and conditions of my employment.

E. The facts of my case are as follow

On 3/9/09 I was in the cafeteria with my class. It was lunch time. We share the cafeteria with another school during this time. A young lady from the other school said something disrespectful to me. I went to tell her school aide Margaret Torres. As I'm telling Ms. Torres the story, School Safety was passing by the cafeteria and I told her what had just happened. And school safety took the student out of the cafeteria. I thought it was over. Their Principal Ms. Manzillio was coming over to our office look for Ms. Elisa O'Brien & my asst principle. She was not in the building on this day. When Elisa did come to our site, I told her what had happened and the principal of the other school was looking for her. Could she go and find out what she wants. She told me she did speak to her and everything was o.k. I informed Ms. Elisa that it is being rumored that I cursed at the students of the other school and that it was not true. I also told her I do not want to get in trouble over these false accusations. Once again Ms. Elisa told me Not to worry. A few days later I received a letter stating that I was on corporal punishment for verbal abuse and I had to report to the main site. I was shocked because Ms. Elisa

Informed me numerous times that it was no big deal. After everything was said and done I rec'd a letter saying I was terminated. I lost my 30 14 years for something I did not do and I hope pray these proceedings will bring the truth out

Adrienne Re  
Jackson.

Adrienne Regina Jackson  
1-20-11

\_\_\_\_\_ Retaliation.

\_\_\_\_\_ Other acts (specify): \_\_\_\_\_.

**Note:** Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

B. It is my best recollection that the alleged discriminatory acts occurred on: \_\_\_\_\_  
Date(s)

C. I believe that defendant(s) (check one):

✓ \_\_\_\_\_ is still committing these acts against me.

\_\_\_\_\_ is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

☒ race \_\_\_\_\_ ☐ color \_\_\_\_\_

☐ gender/sex \_\_\_\_\_ ☐ religion \_\_\_\_\_

☐ national origin \_\_\_\_\_

☐ age. My date of birth is \_\_\_\_\_ (Give your date of birth only if you are asserting a claim of age discrimination.)

☐ disability or perceived disability, \_\_\_\_\_ (specify)

E. The facts of my case are as follow (attach additional sheets as necessary):

See attach paper:

**Note:** As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

### III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: May 19, 2011 (Date).

B. The Equal Employment Opportunity Commission (check one):

☐ has not issued a Notice of Right to Sue letter.  
☒ issued a Notice of Right to Sue letter, which I received on 11-30-11 (Date).

*Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.*

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):

☐ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

#### IV. Relief:

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows: I would like to be reinstated on my job and receive all back pay, days, etc.

(Describe relief sought, including amount of damages, if any, and the basis for such relief.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20<sup>th</sup> day of January, 20 12

Signature of Plaintiff

Adrienne Regina Jackson

Address

1677 Lafayette Ave. apt. B  
Bronx NY 10473

Telephone Number

718-991-6061

Fax Number (if you have one) none

To whom it may concern:

These are my witness who was there on 3-9-09. When the student was disrespectful to me. The nurse Alicia Nelson was there, Berky Blanc my co worker was there she and I ~~was~~ still feeding our students and the nurse Alicia can't leave our class until all of our children have eaten just in case one of them happen to choke on some food. And Margaret Torres is the school aide for the other school. The address is 602 Stanns ave, Bronx New Yr City 10455. #292-2145

1-20-12

Admense Regina Jackson



# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

MAY 19 2011

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. **Answer all questions completely, and attach additional pages needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If question is not applicable, write "N/A." (PLEASE PRINT)**

## 1. Personal Information

Last Name: Jackson First Name: Adrienne MI: R  
 Street or Mailing Address: 1677 Lafayette Ave Apt or Unit #: B  
 City: New York City County: Bronx State: N.Y. Zip: 10473  
 Phone Numbers: Home: (718) 991-8061 Work: ( ) none  
 Cell: ( ) Email Address: \_\_\_\_\_  
 Date of Birth: 5-8-58 Sex: ☐ Male ☒ Female Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White  
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? New York City

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Jannie Fludd Relationship: Mother  
 Address: 1677 Lafayette Ave apt # City: New York City State: N.Y. Zip Code: 10473  
 Home Phone: (718) 991-8745 Other Phone: ( ) none

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) \_\_\_\_\_

**Organization Contact Information** (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: P10x@ I.S. 162  
 Address: 600 St Anns Ave County: Bronx  
 City: New York City State: N.Y. Zip: 10455 Phone: (718) 292-2145  
 Type of Business: School Job Location if different from Org. Address: same  
 Human Resources Director or Owner Name: Asst. Principle Elissa O'Brien Phone: ( )

Number of Employees in the Organization at All Locations: Please Check (✓) One

☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☒ 201 - 500 ☐ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: 4/96 Job Title At Hire: Paraprofessional  
 Pay Rate When Hired: Set Salary Last or Current Pay Rate: Set salary  
 Job Title at Time of Alleged Discrimination: Paraprofessional Date Quit/Discharged: 4/3/09  
 Name and Title of Immediate Supervisor: Principle Barbara Hanson  
 If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For \_\_\_\_\_

What is the reason (basis) for your claim of employment discrimination?

(EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:  
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: \_\_\_\_\_

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): I believe (she principle Hanson) just didn't like me

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.  
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 4/3/09 Action: Discharged

Name and Title of Person(s) Responsible: Principle Barbara Hanson

B. Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible \_\_\_\_\_

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

MS. Hanson just didn't believe me even if I had proof saying I didn't do it  
she would believe I did it regardless of the proof

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Saying I verbal abuse children when I didn't MS. Hanson {principle}

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. \_\_\_\_\_

B. \_\_\_\_\_

Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. Berky Blanco	para	600. St. Anns ave 10455	She would tell that I didn't
what I'm accused of			
B. 292-2145	Margaret Torres	school aide for I.S. 162-600 St Anns ave 10455	

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: \_\_\_\_\_

16. Have you sought help about this situation from a union, an attorney, or any other source? ☒ Yes ☐ No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Mr. Paul Schickler / Carl Cambria They handle the last part of the grievance

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** ☒ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** ☐ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Adrienne Jackson  
Signature

5-19-11  
5-19-11  
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions: if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to a charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.



## New York State Division of Human Rights Complaint Form

### CONTACT INFORMATION

My contact information:

Name: Adrienne Regina Jackson  
Address: 1677 Lafayette Ave Apt or Floor #: B  
City: New York City State: NY Zip: 10473

### REGULATED AREAS

I believe I was discriminated against in the area of:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Employment   | <input type="checkbox"/> Education               | <input type="checkbox"/> Volunteer firefighting              |
| <input type="checkbox"/> Apprentice Training   | <input type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit                              |
| <input type="checkbox"/> Public Accommodations<br>(Restaurants, stores, hotels, movie<br>theaters amusement parks, etc.) | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Labor Union, Employment<br>Agencies |
| <input type="checkbox"/> Commercial Space  |  |  |

I am filing a complaint against:

Company or Other Name: Board of Education  
Address: P10 v @ IS 162 600 8 anns ave  
City: Bronx State: NY Zip: 10455  
Telephone Number: 718 292 2145  
(area code)

Individual people who discriminated against me:

Name: <u>Barbara Hanson</u>	Name: <u>Elissa O'Brien</u>
Title: <u>Principle</u>	Title: <u>Asst Principle</u>

### DATE OF DISCRIMINATION

The most recent act of discrimination happened on: 4 20 2011  
month day year

**DESCRIPTION OF DISCRIMINATION** - for all complaints (Public Accommodation, Employment, Education, Housing, and all other regulated areas listed on Page 3)

Please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. **PLEASE TYPE OR PRINT CLEARLY.**

I worked for the BOE for 14 years when I lost my job for verbal abuse. I did not say what I'm accused of. I have proof but my co-workers who was there refused to get involved, afraid they would lose their jobs. I would like for these charges against me looked into and the truth to come out. Because like I have always stated. I did not say these things to these students. The union did not fight for me like they should have. Berkys Blanco was there, Nurse Alicia Neslon was there. And Magret Torres was there. And all 3 could tell you or anybody I didn't say these things to these students. I was never asked if I said these things to the students never ever given a chance to clear my name. Before all is said and done

To my knowledge I am the third Black female worker who has been fired. I got the final decision on 4-20-11

### NOTARIZATION OF THE COMPLAINT

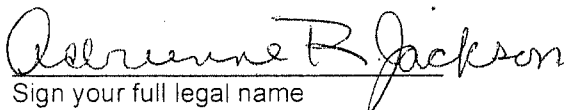
Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing), as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

  
Sign your full legal name

Subscribed and sworn before me  
This 15 day of June, 2011

  
Signature of Notary Public

County: Bronx Commission expires: 9/7/2014

JONATHAN PETER STEAD  
Notary Public, State of New York  
Qualified in Bronx Co No. 02ST6227908  
Commission Expires September 7, 2014

**Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.**

**DISMISSAL AND NOTICE OF RIGHTS**

To: **Adrienne R. Jackson**  
1677 Lafayette Avenue, Apt. B  
Bronx, NY 10473

From: **New York District Office**  
33 Whitehall Street  
5th Floor  
New York, NY 10004

On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**16G-2011-03584**

**Holly M. Woodyard,**  
Investigator

**(212) 336-3643**

**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

- ☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- ☐ Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- ☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- ☐ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- ☐ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☐ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge
- ☒ Other (briefly state)

**No Jurisdiction - Untimely Filed - Over 300 Days.**

**- NOTICE OF SUIT RIGHTS -**

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

**Kevin J. Berry,**  
District Director

**November 30, 2011**  
(Date Mailed)

Enclosures(s)

**CITY OF NEW YORK, DEPARTMENT OF  
EDUCATION**  
Attn: Robin Singer, Associate Counsel  
Legal Department  
52 Chambers Street, Room 308  
New York, NY 10007